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United States v. State of Rhode Island
Civil Action No. 24-cv-00531

Children's Behavioral Health
Consent Decree Monitoring Plan

Submitted by Elizabeth Manley, Monitor

Provided to the State of Rhode Island, the U.S. Department of Justice, and the U.S. District Court on
May 2, 2025

Contents

Introduction

On January 7, 2025, the State of Rhode Island entered into a consent decree with the U.S. Department of Justice (DOJ) in *Civil Action No. 24-cv-00531*.[1] This agreement was reached after a federal investigation found violations of federal civil rights laws concerning psychiatric hospitalizations of youth from 2017 to 2022. In the Consent Decree, the State acknowledged the federal findings and, while the State disputed aspects of the findings, "the State is committed to achieving the shared goal of fostering and strengthening community-based services for those children with behavioral health disabilities in the care and custody of DCYF [Department of Children, Youth and Families], so they are treated in the most integrated setting appropriate to their needs to support child safety, psychosocial development, permanency and wellbeing, and overall family functioning."

The Consent Decree is intended to remedy the State's alleged noncompliance with the violation of Title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12132, and its implementing regulations, and Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. § 794 through design and implementation of an agreed-upon remedial plan. The purpose of this Consent Decree is to transition children who have been hospitalized at Bradley Hospital to family settings with needed community-based services and to prevent children with behavioral health disabilities from experiencing avoidable or unnecessarily prolonged psychiatric hospitalization.

The Consent Decree defines the **focus population** as any child who has an "Open Case" to DCYF and meets one of the following criteria:

- The child is currently admitted to Bradley Hospital for acute inpatient treatment.
- The child was admitted to Bradley Hospital for acute inpatient treatment within one year before January 7, 2025 (the Consent Decree's Effective Date).
- The child is admitted to Bradley Hospital for acute inpatient treatment at any point during this Consent Decree.
- The child is deemed at serious risk of admission to Bradley Hospital for acute inpatient treatment because the child has had three or more emergency room visits within a twelve-month period since January 7, 2025, as a result of a current or subsequent diagnosed Behavioral Health Disability.

The State of Rhode Island worked with the U.S. Department of Health and Human Services and the U.S. Department of Justice, U.S. Attorney's Office to develop this Consent Decree. The Rhode Island Executive Office of Health and Human Services (EOHHS), DCYF, and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) are signatories to the Consent Decree based on their shared responsibility for the provision of behavioral health services for the focus population. These parties will be referred to collectively as the State throughout this plan.

EOHHS is "the principal agency of the executive branch of state government" (R.I.G.L. §42-7.2-2) responsible for managing the departments of: Health (RIDOH); Human Services (DHS); Office of Healthy Aging (OHA); Office of Veterans Services (VETS); Children, Youth and Families (DCYF); and Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). EOHHS is also

[1] Throughout this Plan, all references to the Consent Decree refer to *United States v. State of Rhode Island*, Civil Action No. 24-CV-00531. *https://www.justice.gov/usao-ri/media/1381156/dl?inline*.

designated as the single State agency to administer the Medicaid program in Rhode Island (EOHHS, 2025). Within EOHHS, DCYF has statutory authority and oversight of the children's behavioral health system, and BHHDH has statutory authority and oversight of the children's substance use system and hospitals.

The Role of the Monitor

On January 30, 2025, the U.S. District Court for the District of Rhode Island approved the Joint Motion by the U.S. and the State for approval of Elizabeth Manley as Monitor for the Consent Decree.

As outlined in the Consent Decree, "the Monitor will gather, analyze and report on data reflecting the State's progress in implementing and complying with requirements of the Consent Decree and Implementation Plan. The Monitor will pursue a problem-solving approach to amicably resolve any disagreements that arise between the Parties so the Parties can focus on the State's compliance with the Consent Decree" (p.27).

The Consent Decree further outlines the role and responsibilities of the Monitor which include, but are not limited to:

- **Developing a Monitoring Plan** that will be submitted to parties for comment and updated and revised as needed throughout the Agreement;
- **Providing subject matter expertise, review, and comment** to support the implementation of the Consent Decree, including
    - Contributing to the development of the data categories and elements to be included in the Baseline Data Report;
    - Providing comments on the State's proposed Implementation Plan and as needed supporting revisions of the Implementation Plan prior to finalization;
    - Reviewing and commenting on materials, current status of implementation activities and the Focus Population, and proposed strategies and approaches;
    - Contributing to the selection of the Clinical Assessment Tool; and,
    - Issuing letters, reports, or testimony; and
- **Gathering, analyzing, and reporting on data reflecting the State's progress in implementing and complying** with the requirements of the Consent Decree and the Implementation Plan, including
    - Conducting Quality Service Reviews (QSR), at least annually, in accordance with XI(B) of the Consent Decree and
    - Issuing an ongoing Compliance Review and Monitoring Report every six months to determine compliance with the requirements of the Consent Decree and the Implementation Plan.

This plan is submitted in accordance with the requirement to provide a draft monitoring plan to the Parties for comment. The Monitoring Plan will be amended, updated, and revised as needed throughout the Consent Decree.

This Monitoring Plan is structured to address how the Monitor will measure the State's progress in meeting all the requirements of the Consent Decree, with a goal of achieving full compliance through strategies and activities that are sustainable and integrated.

Approach

The Consent Decree outlines important expectations for improvements to the Rhode Island children's behavioral health system that are necessary to meet the needs of the Focus Population. The findings of the federal investigation are consistent with the observations of advocates within Rhode Island who have long identified the critical need for changes to and further investments in the children's behavioral health system to support home and community-based services to meet the unique needs of children and families (Rhode Island Coalition of Children and Families, 2024).

However, the conditions that set the stage for this Consent Decree, as described in the Decree, limit the Monitor in fully understanding the total number and needs of the identified Focus Population. The State's capacity to fully leverage the available data is currently being tested in the development of the Baseline Data Report. The Monitor anticipates that the Baseline Data Report and the assessment of the current service delivery system, which are both underway, will assist in enhancing the Monitoring Plan

The Monitor expects that the Baseline Data Report, on-site visits, and other activities, including third-party review of Rhode Island's children's behavioral health service system and the State's subsequent Implementation Plan, will provide considerable information about the total number and needs of the Focus Population. As such, **this Monitoring Plan will be updated as needed** as qualitative and quantitative data become available and as the State's Implementation Plan is developed and implemented.

Compliance Reviews and Monitoring Reports

As outlined in the Consent Decree, each Monitoring Report "will describe the steps taken by the State to implement the requirements of this Consent Decree and the Implementation Plan, and will evaluate the extent to which the State has complied with the substantive provisions of the Consent Decree" (p.30). The Monitor is expected to evaluate the status of compliance for the relevant section of the Consent Decree and Implementation Plan using the standards of substantial compliance, partial compliance, and non-compliance. The Monitor will also use the standard of not yet rated.

Compliance Standards

Not Yet Rated: The State has not started to address activities and/or the Monitor has not reviewed data to reach a conclusion about the status of compliance.

Partial Compliance: Some of the requirements have been met, the State has additional work to meet the requirements of the Consent Decree.

Substantial Compliance: The State has met the essential requirements of the Consent Decree. Any violations are minor, occasional and not systemic.

Non-Compliance: The State has not complied with the requirements of the Consent Decree.

Figure 1: Compliance Standards

Each report will describe the steps taken to assess compliance, including documents reviewed and individuals interviewed, and the factual basis for each of the Monitor's findings. The reports may provide recommendations to support the State in achieving compliance with each provision.

The draft report will be provided to the State and U.S. for comment at least 30 days prior to issuance. Responses provided by the State and U.S. will be considered for incorporation prior to issuing the final Reports. These reports will be filed with the Court and made available publicly.

Timelines & Phases of Implementation

The Consent Decree (p.9) outlines basic timelines for when the State is expected to have achieved compliance:

- **Within three years of the Effective Date of the Agreement (by January 7, 2028):**
  - Section V (Identification and Assessment)
  - Section VI (Discharge and Transition),
  - Section VII (Service Planning and Care Coordination),
  - Section IX (Stakeholder Outreach and Public Participation),
  - Section X (Community Provider Development), and
  - Section XI (Quality Assurance and Performance Improvement)

- **Within four years of the Effective Date of the Agreement (by January 7, 2029):** Section VIII (Community-Based Services)

The Monitor recognizes that the activities required in the Consent Decree will be staged to maximize efficiency and support implementation. A Consent Decree Monitoring Plan Chart is provided in Appendix 2, outlining the Consent Decree's required tasks, proposed time frames, and evidence that will be used to determine compliance. The details of the evidence that will be used will be further developed as more data is available.

The Monitor will use Innovations Institute's Implementation Framework (see Appendix 3) to support the review process, including provision of any technical assistance. This framework integrates evaluation, rapid improvement cycles, and influencing factors into program implementation and system reform efforts. **The three phases are pre-implementation, monitored implementation, and maintenance.**

The Monitor expects essential requirements to be in the implementation or maintenance phases in order to achieve a rating of substantial compliance.

A non-exhaustive list of examples of activities that occur within each of the phases can be found in Appendix 1.

Categories of Activities

This Monitoring Plan organizes the activities of the Consent Decree into five categories, recognizing that the sections of the Consent Decree overlap with each other. The five categories are:

- Focus Population
- Data, Outcomes, and Continuous Quality Improvement
- Infrastructure, Governance, and Systems Management

- Service Array and Workforce Development
- Stakeholder Engagement

The following provides a high-level summary of the Monitor's expectations within each of these categories. This overview is not comprehensive, nor does it negate or supersede anything stated in the Consent Decree.

Focus Population
The State will have a complete accounting of the Focus Population, with an understanding of their needs. The State will have a plan for continuing to account for the Focus Population throughout the duration of the Consent Decree, even as the Population shifts due to the age of the youth and changes in the availability, accessibility, and quality of services. The State will establish and implement policies and procedures to ensure that the timely, person-centered behavioral health assessment, using a recognized Clinical Assessment Tool, is conducted for all members of the Focus Populations clinically indicated.

Data, Outcomes, and Continuous Quality Improvement
The State will provide clear expectations regarding ongoing efforts to build, refine and sustain its data collection and publication processes, including steps necessary to collect currently unavailable metrics regarding the Focus Population. The Consent Decree outlines the need for multiple data and quality strategies.

The first data and quality activity for the State is the development of a Baseline Data Report. The Baseline Data report is a foundational step in developing data driven decision-making and increasing the transparency of the State's progress toward meeting the goals established in the Consent Decree. The Baseline Data Report will at minimum provide an overview of the Focus Population including the number of children, the utilization rates as currently available for community-based services, residential care and Therapeutic Foster Care. The Baseline Data Report will enable all parties to identify and track the experience of the Focus Population and provide a mechanism for measuring the impacts of changes in policy, workforce, and infrastructure. Additionally, the data will highlight current and emerging challenges and barriers to care. The Baseline Data Report provides the starting point foundation and benchmark for ongoing Quarterly Data Reports by the State. In addition to providing other data, the Quarterly Reports will measure the degree to which children are being diverted from and transitioned from Bradley Hospital. The Implementation Plan will identify areas where there is a need for additional data collection, linking, analysis, and/or reporting in order to achieve full compliance with the Consent Decree and support sustainability of its strategies and initiatives.

The Consent Decree requires the Monitor, in coordination with the State, to facilitate a Quality Service Review (QSR) Process at least annually. The QSR is an in-depth assessment of services provided to specific children and the outcomes of those services. The QSR reviews both individual and system-level data and outcomes and the QSR process will be informed by the Baseline Data Report. The Monitor will collaborate with the State to design and implement a QSR that is specific to Rhode Island and the requirements of the Consent Decree. The QSR will include a sample sufficient to enable the Monitor to draw systemic conclusions about the service system's performance. The Monitor will include in the sample children within the Focus Population who are not currently receiving services to enable the Monitor to draw reliable conclusions about the identification and assessment process is successfully identifying the children who require services

included in the Consent Decree. The process will initially be performed by the Monitor, with a goal of eventually transitioning the responsibility of the QSR to the State. The Monitor anticipates the State will actively engage in the development of resources necessary to transition the QSR process from the Monitor to the State. The QSR includes record reviews; interviews with youth, their families, service providers, advocates, and other stakeholders; and data analysis. The results of the QSR will be summarized in a QSR report, which will be shared publicly. The Monitor will work with the State to develop a plan of action to address any identified barriers to care.

The State will convene a Quality Assurance Committee composed of State entities responsible for implementing the Consent Decree. This committee will meet quarterly to review data and identify any responsive action needed at the provider, regional and system-wide levels, to improve the outcomes of the Focus Population.

Infrastructure, Governance, and Systems Management

The Consent Decree focuses attention on the need for the State to ensure that the Focus Population has access to necessary services and to a Child and Family Team as the vehicle to individualized care. This will necessitate clarifying the care pathway for children and families, identifying infrastructure needs, and ensuring that there are the necessary systems management and governance structures to facilitate daily access to quality services and ongoing oversight and accountability.

The Consent Decree supports the implementation of a Clinical Assessment Process. The State will identify a standardized validated and evidence-based assessment tool to identify functioning, strengths, and needs across crucial life domains. The tool will inform decisions about the need and level and intensity of services. Additionally, the State will develop a process to describe who can complete the assessment, who will review it, and how reimbursement will be delivered. The Monitor recognizes that the identification of an assessment tool will require the State to engage with stakeholders and system partners to identify an assessment tool that will meet the needs of youth and families across child serving systems. The process will need to address the determination of the right level of care to address the clinical needs of youth. The Monitor will engage with the State in the identification of options for assessment tools and for the creation of an implementation plan to address the training, workforce development, and reimbursement plan.

The Rhode Island Office of the Child Advocate has raised significant concerns about the education that children and youth receive while they are in treatment and in foster care, referencing in part a 2022 report by the Rhode Island Longitudinal Data System. The Monitor will be attentive to the ability of youth in the Focus Population to access and engage in the education system. Youth engaged in treatment at Bradley Hospital and in follow-up care need the ability to continue their education with a focus on maintaining progress and not losing ground while getting the care necessary to meet their behavioral health needs.

Additionally, there are multiple named parties to this Consent Decree with various statutory responsibilities. The Monitor will look for coordinated interagency efforts on behalf of the Focus Population as well as the existence of the necessary governance, systems management, advisory, and implementation structures to ensure accountability, transparency, and alignment with best practices, and systems of care values.

Service Array and Workforce Development

Child and Family Team facilitation under the Wraparound model requires a specific skill set, ongoing training and coaching, and fidelity monitoring and measurement to maximize and achieve outcomes. Wraparound | Innovations Institute. The building of the resources necessary to meet this expectation requires infrastructure investments in workforce development inclusive of training and coaching. Currently the State does not have the capacity to provide Child and Family Team facilitation to fidelity for the Focus Population. The Monitor is actively working with the State to address the need to build capacity for Child and Family Team facilitation for all youth within the Focus Population who require care coordination.

The Consent Decree outlines the role of the State in addressing workforce shortages in the overall number of community providers, by specialty, quality, and skill level. The Implementation Plan will include a workforce development plan, and the Monitor will rely on the Implementation Plan to outline workforce challenges and strategies to address these challenges.

The Consent Decree identifies several specific services and approaches. While some observations and expectations are outlined below, the Monitor will expect the State to leverage national best practices, to the extent appropriate for Rhode Island, to ensure that the most effective services and interventions required by the Consent Decree are accessible and available to the Focus Population. Services identified in the Consent Decree include the following, all of which were included in the 2013 Centers for Medicare & Medicaid (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA) Joint Bulletin; the 2022 CMS Center for Medicaid & CHIP Services Informational Bulletin; and/or the 2024 CMS Early and Periodic Screening Diagnostic and Treatment (EPSDT) Bulletin.

- Peer Support: The providers of peer support services are family members or youth with lived experience who have personally faced the challenges of coping with complex behavioral health needs. Peer support activities include but are not limited to one-to-one peer support, warm lines, community education, and support group activities. The Monitor is expecting that parent peer support and youth peer support services will align with national best practices, including developing and linking families and youth with formal and informal support; instilling confidence and empowering families and youth; and assisting in the development of goals.

- Intensive Care Coordination: Intensive Care Coordination for youth with moderate and complex needs including behavioral health, substance use, and intellectual/developmental disabilities: Intensive Care Coordination utilizes the practice model of High-Fidelity Wraparound grounded in the use of Child and Family Teams. Intensive Care Coordination activities include youth and family engagement, child and family team coordination, coordination of care, stakeholder engagement, and leading systems transformation at the state and local levels. The Monitor expects the State to commit to a model for providing Intensive Care Coordination and develop a plan for implementation that includes necessary training, ongoing coaching and supervision, and fidelity and outcomes monitoring. It is important to note that Rhode Island has previously implemented some features of intensive care coordination with some success, but did not sustain these efforts (SAMHSA, 2019).

- Mobile Response and Stabilization Services (MRSS): MRSS is a “rapid response, home- and community-based crisis intervention model customized to meet the developmental needs of children, youth, young adults, and their families” (Innovations Institute, 2022). MRSS currently

exists within Rhode Island and has demonstrated positive outcomes for the youth and families served. It is important to note that there have been recent changes to how MRSS access is structured; it has been reported that there is a disruption of this service that requires an assessment of the impact.

- Intensive In-Home Services are therapeutic interventions delivered to children and families in their homes and other community settings to improve youth and family functioning and prevent the need for residential intervention or in-patient care. The components of intensive in-home services include individual and family therapy, skills training, and behavioral interventions. It is important to note that DCYF does have some current capacity to provide intensive in-home services.

- Therapeutic Foster Care (TFC) is a specialized form of foster care designed to support children with a behavioral health need. The State is working to address challenges with TFC capacity and challenges in meeting the current need for TFC for youth within the Focus Population. The Monitor has observed, through record reviews, interviews with youth, families, DCYF, and Bradley Hospital that there are children within the Focus Population who require residential treatment upon discharge from the hospital and are delayed in receiving the appropriate treatment due to the lack of available residential treatment options. The inclusion of residential options within the service array is both consistent with national best practices and the current identified needs of the Focus Population. The Monitor anticipates additional strategies to address the needs of children within the Focus Population who require residential treatment to meet their clinical needs to be included in the Implementation Plan.

The Monitor recognizes that youth within the Focus Population require access to the most appropriate clinical intervention to be provided at the right time for the duration necessary to meet this clinical need. As outlined in the Consent Decree, when a child within the Focus Population is unable to be discharged from Bradley to Community Based Services, the State will refer to the Monitor for review and report on whether the child was discharged to the most integrated setting appropriate. Residential intervention is a therapeutic approach to provide clinical interventions within an environment that is less restrictive than inpatient care. Residential intervention best practice includes small, home-like, trauma responsive environments designed to meet the unique needs of youth.

A continuum of residential interventions are important core components of the service array for children's behavioral health, substance use, and intellectual/developmental disabilities. Children within the Focus Population may need access to short-term residential interventions to meet their clinical needs. The inability to access this important intervention can lead to a youth within the Focus Population receiving a more restrictive intervention than is necessary to meet their clinical needs. To address the needs of youth within the Focus Population, the state will complete an assessment of its current residential service array, to include capacity, ability to meet the clinical needs of youth, and the quality of care delivered. The State does not have any current PRTF capacity. Additionally, the State will review its policy and certification process as it relates to the best residential practices and the use of out-of-state residential interventions. The State will need to ensure that residential interventions adhere to best practices and that the Focus Population is supported to receive services and supports in their own homes and communities as quickly as possible.

Stakeholder Engagement

The Consent Decree outlines the importance of the State's engagement with stakeholders to provide information, elicit feedback, and engage in policy discussions. The State will address challenges in workforce development that may exist with community providers. The State will convene a cross-sectional advisory committee. The State has scheduled the first Advisory Committee for May 28, 2025, at noon. Ongoing advisory committee meetings are anticipated, along with additional stakeholder engagement through formal and informal processes. The Monitor expects that stakeholder engagement will be inclusive of families, youth, providers, advocates, policymakers, and others, and that the State will provide these stakeholders opportunities for meaningful participation.

Initial Expectations

First Monitoring Report

The first Monitoring Report is due six months after the Baseline Data Report. Since this Report will be due at the same time as the consultant's report to the State, the Monitor does not anticipate incorporating any findings of the consultant's report into the first Monitoring Report.

The Monitor anticipates that the first Monitoring Report will address *progress or activities* in these areas:

- Submitting the Baseline Data Report;
- Developing a robust understanding of the number and needs of the Focus Population based on the Baseline Data Report and any subsequent reporting or data activities;
- Hiring and training Transition Coordinators who will be connected to all youth at Bradley Hospital within the Focus Population;
- Establishment and engagement of the Advisory Committee in the transformation process;
- Working with Innovations Institute, the consultant, to provide a report of preliminary observations and recommendations;
- Requesting statewide flexible funds to address barriers to returning members of the Focus Population; and
- Developing, planning, or coordinating data activities and infrastructure to support the Quarterly Data Reports.

The Monitor anticipates that the State will meet its requirement to provide the Baseline Data Report in accordance with the provisions of the Consent Decree, based on meetings and engagement to date.

There may be additional areas addressed in the first Monitoring Report based on site visits, interviews, document reviews, meetings, or other events that may occur in the time between this Monitoring Plan being issued and the first Monitoring Report.

Implementation Plan

The State is required to provide an Implementation Plan within 90 days of receiving the consultant's report, which is due six months after completion of the Baseline Data Report. The Monitor expects the State to provide an Implementation Plan that is responsive to the consultant's report, incorporates and leverages the Baseline Data Report and any subsequent reports, and meets the requirements of the Consent Decree. The Consent Decree requires, at a minimum:

- Timelines for implementation of specific obligations within the Implementation Plan, including interim deadlines;
- Assignment of agency, department, unit, or other entity responsible for the specific obligations within the Implementation Plan;
- Action steps to accomplish these specific obligations; and
- Identification of funding mechanisms for specific obligations within the Implementation Plan.

The Monitor expects that the Implementation Plan will include actionable strategies that are organized appropriately and realistically to meet the shared goals of the agreement. The Monitor further recommends that the State utilize an implementation framework to sequence the specific activities and obligations, identifying phases of activities as pre-implementation, implementation, or maintenance.

Additionally, the Monitor will use a short and long-term evaluation strategy to measure the State's progress in addressing the immediate needs of youth within the Focus Population while it builds the necessary infrastructure to address best practice and long-term sustainability. As an example, the Monitor will look for youth currently at Bradley Hospital to have weekly visits from DCYF, with a focus on engagement and transition. The long-term strategy will be for all youth within the Focus Population to be engaged with a care coordinator or care manager who is trained in Crisis Response Services and other best practices and leverages a Child and Family Team to shorten the length of stay in the hospital.

Looking Ahead

This Monitoring Plan is a guide to how the Monitor will assess the transformation of the State's Child Behavioral Health System to meet the unique needs of children, youth and families included in the Focus Population. The plan is limited by the availability of information necessary to understand the number of youth included in the Focus Population, the clinical/educational needs and the service delivery system to meet these needs. To this end this Monitoring Plan will inform the development of the Implementation Plan and the Monitoring Reports moving forward. It is anticipated that updated reports will include additional strategies to meet the desired outcomes identified in the Consent Decree. The Monitor will continue to participate in regular meetings with all Parties, including many of the implementation meetings of the State and its technical assistance consultant, also part of Innovations Institute. The Monitor will engage with the State, U.S Department of Justice, and the Court, as well as with other stakeholders, and will provide updated reports, plans, and materials to support ongoing implementation and compliance monitoring to achieve the shared goals of the Consent Decree.

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Appendix 1: Examples of Activities in Pre-Implementation, Implementation, and Maintenance Phases

Pre-Implementation Activities may include:

- Post consent decree-related reports and plans on the DCYF website
- Develop Baseline Data Report to identify Focus Population and service gaps
- Establish data-sharing agreement between DCYF, BHDDH, RIDOH, and EOHHS
- Develop policies and procedures to track children's admission to Bradley Hospital or psychiatric crisis evaluations
- Submit annual budget request for statewide flexible funds to support transitions
- Create policies and procedures for identifying children in the Focus Population
- Recruit, hire, and train Transition Coordinators
- Convene a cross-sector Advisory Group to guide planning and implementation
- Develop procedure for Transition Coordinators to escalate unresolved barriers to DCYF leadership
- Develop policies and procedures to implement a recognized Clinical Assessment Tool
- Develop training materials related to the Consent Decree and Implementation Plan
- Consult relevant stakeholders about the Implementation Plan and document feedback
- Submit final version of the Implementation Plan to the Court
- Conduct a needs assessment to identify gaps in the community-based service array
- Identify required Medicaid, regulatory, or legislative approvals for sustainable implementation
- Develop a communications plan to support stakeholder engagement and transparency

Implementation activities may include:

- Assign Transition Coordinators to all children admitted to Bradley Hospital within 5 days
- Implement structured collaboration process with Bradley Hospital for transition planning
- Establish and begin convening the Quality Assurance Committee quarterly
- Launch Mobile Response and Stabilization Services (MRSS) improvements with 24/7 live answering and 60-minute dispatch
- Publish Quarterly Data Reports on consent decree metrics
- Begin conducting behavioral health assessments using the clinical tool for the Focus Population
- Begin deploying Child and Family Teams with ISP/OFFA/IEP development for each youth
- Ensure prompt initiation of services following assessment and ISP/OFFA development
- Implement the Workforce Development Plan to build community provider capacity
- Launch trained peer and youth support services for families in the Focus Population (
- Scale MRSS implementation statewide and monitor access and quality

Maintenance may look like, or activities may include:

- Integrate program tasks and responsibilities into job descriptions and standard agency practices
- Ensure continuous and stable funding for community-based behavioral health services
- Conduct annual Quality Service Reviews (QSR) after transition from Monitor to State

- Maintain regular publication of data and reports; use findings for continuous quality improvement
- Keep stakeholders engaged in decision-making; revisit plans as data changes, staff turnover, or new issues arise

Appendix 2: Monitoring Plan Timeline & Evidence

The quarters listed in the table align with the calendar year. The Monitor will rate the state's compliance with each provision during its designated completion quarter.

Consent Decree Paragraph	Area	Category	Consent Decree Requirement	Proposed Evidence to Determine Compliance (Preliminary)	Start Quarter	Completion Quarter (Due Date) to Achieve Substantial Compliance)
18-20	Data, Outcomes, and Continuous Quality Improvement	Baseline Data Report	Produce baseline data report that meets all requirements outlined	Baseline Data Report	Q2 2025	7/6/2025
20			Post Baseline Data Report to consent decree website within 14 days of production	Baseline Data Report posted on website		07/20/2025
86 -91	Data, Outcomes, and Continuous Quality Improvement	Quality Assurance and Performance Improvement	Iterative inclusion of additional focus population related data in Quarterly Data Reports including: Aggregated data on the provision of community-based services Gaps in community-based services	Baseline and Data Reports.	Q2 2026	Ongoing Q4 2026 Q4 2026
89			Establishment and minimum quarterly convening of quality assurance committee to review data and identify strategies to	Meeting members list and meeting notes And agenda prep	Q2 2026	Ongoing

			improve outcomes for the focus population			
20			Publication of quarterly data reports within 14 days of production	Quarterly data reports on consent decree website	Q2 2026	Ongoing
92	Data, Outcomes, and Continuous Quality Improvement	Quality Service Review Process	Once QSR responsibility transitions to the state, submit draft of QSR(s) for Monitor's review.	Draft QSR Plan to be included in Monitoring Plan Update anticipated after the Implementation Plan is completed		TBD
31-36	Data, Outcomes, and Continuous Quality Improvement Focus Population	Identification & Assessment	Data Sharing Agreement established between DCYF, BHDDH, RIDOH, and EOHHS	Fully executed data sharing agreement	Q2 2026	Q1 2028
31			Produce policies and procedures for identifying children within the focus population	Policy and procedure documents review. Specific policy on Children's Behavioral Health Coordination Policy.	Q2 2026	Q1 2028
31			Implement policies and procedures for identifying children within the focus population	Document summarizing progress and challenges identifying children within the focus population	Q2 2026	Q1 2028
32			Policies and procedures to ensure timely, person-centered behavioral health assessment using a recognized clinical assessment tool	Written description of behavioral health assessment clinical assessment tool	Q2 2026	Q1 2028

32	Infrastructure, Governance, and Systems Management Focus Population	Clinical Assessment Tool Implementation	Establish policies and procedures to ensure behavioral health assessment using a recognized Clinical Assessment Tool	Policy and procedure documents	Q2 2026	Q1 2028
32			Implement timely assessment of focus population members with clinical assessment tool, as clinically indicated	Quarterly data on assessment rates and time frames	Q2 2026	Q1 2028
34			Establish policies to ensure prompt delivery of services responsive to needs identified in the assessment process	Policy Documents including both updates and policy development necessary to meet the needs of the Focus Population within the Consent Decree	Q2 2026	Q1 2028
21-22	Infrastructure, Governance, and Systems Management	Implementation Plan	Partner with consultant to implement review of RI's children's behavioral health service system	Completed system review including record reviews, interviews with Focus Population, state leadership, transition coordinators, advocates and systems partners	Q2 2025	1/6/2026
24			Submission of Proposed Implementation Plan	Implementation Plan		4/6/2026
24			Consultation with relevant stakeholders about Implementation plan	List of stakeholders consulted with and summary of input	Q1 2026	Q2 2026

26			Final version of implementation plan filed with court 14 days after plan is finalized	Final version of implementation plan		5/10/2026
33	Infrastructure, Governance, and Systems Management	Tracking focus population entry	Develop and implement policies and procedures governing tracking children's admission to Bradley Hospital, or been evaluated for potential in-patient hospitalization by an ED resulting from a psychiatric crisis, and assessment/evaluation related information requests	Policy and procedure documents Ongoing engagement with Focus Population, state leaders, Bradley Hospital, OCA, stakeholders, Transition Coordinators	Q2 2026	Q1 2028
35			As needed, provide behavioral health, social, and/or community services linkages for focus population members assessed and found not to need the services in the consent decree	Quarterly documentation of service linkages for assessed Focus Population members that do not need consent decree services	Q2 2026	Ongoing
46-56	Infrastructure, Governance, and Systems Management	Child and Family Team	Develop policies and procedures to convene a child and family team for each focus population	Policy and procedure documents	Q2 2026	Q1 2028
47			Each member of the focus population will have a primary service worker	De-identified documentation of primary service worker for each focus population member	Q3 2025	Ongoing

48-50			Each child and family team will develop an ISP or update the child's OFFA, and consider a child's IEP as necessary	Quarterly documentation of ISP, OFFA, or IEP development when indicated for focus population members	Q2 2026	Ongoing
51			Ensure prompt initiation of services upon completion of ISP or OFFA	Quarterly documentation of days between completion of ISP or OFFA and initiation of services	Q2 2026	Ongoing
52			Ensure access to intensive care coordination for focus population members	Quarterly data on intensive care coordination service provision to focus population members	Q2 2026	Ongoing
53			Regular convening of the Child and Family Team to review and update the ISP and OFFA	Quarterly de-identified documentation of Child and Family Team ISP and OFFA review meetings	Q3 2026	Ongoing
54			Annual budget request for a statewide flexible fund to address barriers to integrate returning focus population members in integrated settings appropriate to their needs	Documentation of annual budget request	Q4 2025	Ongoing annually
55			Maintain documentation of reasons that families decline care coordination, after reasonable efforts to	Documentation and compilation of reasons that families decline care coordination and engagement efforts	Q3 2026	Ongoing

			engage the child and family			
81	Service Array and Workforce Development	Community Provider Development	Produce workforce development plan to enhance provider capacity throughout the state	Workforce development plan	Q2 2026	Q2 2026
81			Implement workforce development plan	Quarterly documentation of work force implementation development plan	Q2 2026	Ongoing
83			Develop and implement training materials relating to the consent decree and implementation Plan in alignment with para 83.	Training Curricula and materials, development pre/post tests as necessary and participate surveys	Q2 2026	Q3 2026
84			Establish contracting or certification conditions that community-based service providers ensure targeted training of assigned personnel to address focus population needs and effectively provide the services required in the consent decree	Document describing contracting or certification conditions to meet best practice	Q1 2026	Q3 2026
85			Submit training materials to the Monitor for comment	Monitor receives and reviews training materials for consistency with best practices		Q3 2026

41			In implementation plan, identify potential funding mechanisms to reimburse community-based service providers for participating in transition planning out of Bradley Hospital	Description within the implementation plan		5/10/2026
36-45	Service Array and Workforce Development	Discharge and Transition from Hospital to Community	Establishing policies and/or procedures to ensure the youth in the Focus Population are discharged from Bradley Hospital to the most integrated setting appropriate to their needs, with needed community-based services.	Policy and Procedure Documents and review with a focus on access to home and community-based services and supports; care coordination; and assessment consistent with best practices	Q2 2026	Q2 2026
37			Transition Coordinators assigned every child in the Focus population within 5 days of admission to Bradley Hospital	Quarterly data on the Focus Population's admission to Bradley Hospital and days to assignment of transition coordinator	Q2 2026	Ongoing
37-40			Role of Transition Coordinators is clearly defined within the implementation plan in alignment with paragraphs 37-40	Implementation plan text defining role of transition coordinators with timelines for hiring, training and coordination with Bradley		5/10/2026
38			Implement process for collaborating with Bradley Hospital to	Document describing collaboration process with Bradley Hospital	Q3 2025	Q4 2025

			develop transition plan for each child in focus population in its care in alignment with the requirements of paragraph 38			
40			Development of procedure for transition coordinator to elevate any unresolvable barriers to DCYF focal point identified in Implementation Plan	Procedure document that clearly defines how barriers to care will be resolved	Q2 2026	Q1 2028
62-63	Service Array and Workforce Development	Intensive In-Home Services	Develop policies or procedures that effectively identify and provide access to intensive in-home services including individual home therapy, in-home family therapy, behavioral services, therapeutic mentoring	Policy and/or procedure document	Q2 2026	Q3 2026
47, 69			Trained and certified peer support specialists are available to all families of the focus population.	Quarterly data reported on the number of trained and certified peer support specialists, the number assigned to focus population families, and the number of families not receiving peer support services and the reason	Q2 2026	Ongoing

64-67	Service Array and Workforce Development	Therapeutic Foster Care	Produce policies or procedures to ensure services and clinical supports for therapeutic foster care families	Policy and/or procedure documents	Q1 2026	Q2 2026
			Implement policies or procedures to ensure services and clinical supports for therapeutic foster care families	Quarterly data on therapeutic foster care family services for focus population	Q2 2026	Ongoing
			Implement reimbursement for TFC families for their participation for service planning activities for children in the focus population	Documentation on reimbursement process and quarterly data on reimbursement provided	Q2 2026	Ongoing
			Implement recruitment for Therapeutic Foster Care Homes	Documentation of recruitment tactics and quarterly data on recruitment rates	Q3 2026	Ongoing
			All youth in Focus Population have access to Therapeutic Foster Care as indicated in the clinical assessment process	Quarterly data describing number of youth for whom therapeutic foster care is clinically indicated, and their rates of receiving therapeutic foster care	Q3 2026	Ongoing
68-77	Service Array and Workforce Development	Mobile Crisis Response and Crisis Prevention, Intervention & Stabilization	Maintain provision of crisis hotline Develop policies and procedures to ensure	Policy and Procedure documents	Q2 2025 Q2 2026	Ongoing Q1 2028

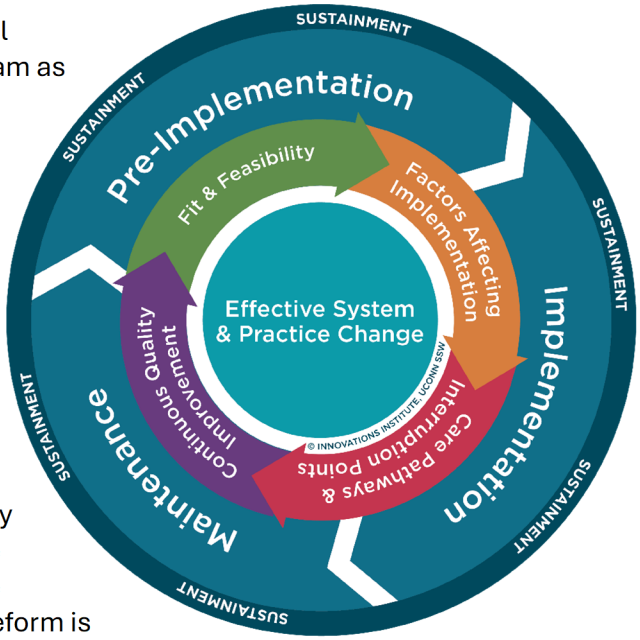
			1) 24/7 live answering 2) When dispatched teams respond in person within 60 minutes in alignment with para 71 3) MRSS teams in alignments with credential requirements in para 69			
70			Implementation of required Mobile Response and Stabilization Services for all youth in Rhode Island	Quarterly data on MRSS usage for youth in Rhode Island	Q3 2026	Ongoing
	Service Array and Workforce Development	Residential Interventions	Youth within the Focus Population have access to timely quality residential care as identified in the clinical assessment process.	Residential Interventions	Q4 2026	Ongoing
78-80	Stakeholder Engagement	Advisory Group	Convening Cross-Sectional Advisory Group	Advisory Group membership list, agendas and meeting minutes	Q3 2025	Ongoing
79			Submit proposed policy, regulatory and procedure changes to the Advisory Group, and where appropriate,	For each submitted policy, regulatory and procedural change, brief summation of Advisory Group responses and the	Q3 2025	Ongoing

			implement responsive changes	state's use of this feedback, as appropriate		
80		Stakeholder Outreach	Conduct outreach to stakeholders in alignment with para 80 to seek feedback regarding community-based services provided under the consent decree and implementation plan	Quarterly documentation of outreach efforts, issues that are identified by stakeholders and strategies to address challenges	Q3 2025	Ongoing
20, 90, 97, 118			Post consent decree related reports and plans on the DCYF website	Maintenance of consent decree information on DCYF website	Q2 2025	Ongoing

Appendix 3: Innovations Institute's Implementation Science Framework

The Innovations Institute's Implementation Science Framework (II-ISF) is designed to reflect real-world practice and experiences with initiative implementation at the system and program levels. The framework is structured around three distinct phases: Pre-Implementation, Implementation, and Maintenance, each representing a critical body of work with clearly defined tasks. The use of these three broader categories makes the II-ISF a more flexible, representative, and accessible framework for practitioners. The framework also emphasizes the non-linear, iterative nature of implementation efforts.

1. The **Pre-Implementation** phase encompasses all necessary groundwork before launching a program, including exploration, preparation, and installation activities that ensure readiness.
2. The **Implementation** phase involves piloting, initial implementation, scaling up, and refining the program as it moves toward broader application.
3. The **Maintenance** phase focuses on assessing whether the new practice or program is fully embedded in the system and community, ensuring its long-term sustainability.



The Role of Sustainment

Sustainment is an overarching principle that is embedded throughout all 3 phases of the II-ISF (as opposed to only later stages of implementation). Factors such as political shifts, funding models, policy changes, and community dynamics directly influence sustainability. Sustainability planning efforts must be integrated early and often, to ensure the program or reform is appropriately structured to fit within dynamic system and cultural contexts.

Implementation is Cyclical

The II-ISF graphic is circular, emphasizing the dynamic and iterative nature of implementation. Linear models suggest a start and an endpoint; however, real-world implementation demands ongoing reassessment, refinement, and adaptation. Programs continuously evolve in response to staff changes, new data, financing updates, policy shifts, and legislative developments. Practitioners often move fluidly between activities typically classified under different implementation stages, making rigid categories impractical. The II-ISF's cyclical design reflects the continuous improvement process, acknowledging that even fully embedded programs require regular evaluation and adaptation.

Key Components of Effective Implementation

Beyond the three core phases, four critical components enhance implementation success.

1) **Factors Affecting Implementation:** Numerous external and internal factors influence implementation, including policy, financing, organizational dynamics, leadership, staff

influences, and population needs. These factors vary across different initiatives, so sites should identify the local factors that are most likely to impact their efforts.

2) **Fit & Feasibility:** While related to the factors affecting implementation, fit and feasibility is discussed separately because of its pivotal role in determining success. Ensuring a program is culturally appropriate, feasible, and informed by community involvement is essential. Without proper fit and feasibility, implementation efforts risk failure.

3) **Care Pathways & Intervention Points**: The II-ISF prioritizes upstream interventions built from multi-stakeholder collaborations that address systemic gaps to deliver services within communities before individuals enter crisis situations, and become deeply, or further, engaged in institutional systems.

4) **Continuous Quality Improvement:** Ongoing evaluation and refinement are integral to effective implementation. The II-ISF highlights the importance of mixed-methods evaluation, stakeholder feedback, usability testing, and iterative improvement. Processes such as Plan-Do-Study-Act (PDSA) cycles help practitioners assess, refine, and enhance their programs continuously.

Sample Tasks by Phase

Pre-Implementation

- Active and ongoing planning with stakeholders, including families, youth, and providers.
- Determining authorities and approvals that may be needed to implement and sustain activities, including through Medicaid.
- As needed, conducting needs assessments and identifying service array gaps.

Implementation

- Regular meetings of implementation teams with information provided in a feedback loop to leadership to include updates, progress reports, data analysis, and more
- Attention to factors affecting implementation, such as care pathways, communications, financing, workforce challenges, access issues, and more.
- Scaling implementation to support more individuals or areas while maintaining consistent data collection and rapid improvement cycles.

Maintenance

- Necessary changes are addressed in legislation, regulations, policy, and/or procedures as necessary for sustainability.
- The care pathway is well-established and clear, and the appropriate populations are referred to the interventions or programs when appropriate.
- Data and outcomes are regularly and publicly available and are used on an ongoing basis to support continuous quality improvement activities.

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